

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 6, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Code 99213-MP for dates of service May 17, 2002 through May 31, 2002; CPT Code 97250 and HCPCS Code E0745 for May 30, 2002; CPT Codes 97010, 97035, 97014 for dates of service May 30, 2002 through May 31, 2002.

## **II. RATIONALE**

- CPT Code 99213-MP for dates of service May 17, 2002 through May 31, 2002 denied as “N – Not appropriately documented”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b) submitted relevant information supports documentation criteria. Reimbursement in the amount of \$192.00 (\$48.00 x 4 dates of service) is recommended.
- CPT Code 97010 for dates of service May 30, 2002 and May 31, 2002 denied as “F – Payment is reduced from the billed amount in accordance with TWCC Fee Guideline’s maximum allowable reimbursement, including generic the brand name price because its lower”. Respondent denied according to the Fee Guideline, \$0.00 is not in accordance with the fee guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) submitted relevant information supports documentation criteria. Reimbursement in the amount of \$22.00 (\$11.00 x 2) is recommended.
- CPT Code 97250 for date of service May 30, 2002 denied as “F – Payment is reduced from the billed amount in accordance with TWCC Fee Guideline’s maximum allowable reimbursement, including generic the brand name price because its lower”. Respondent denied according to the Fee Guideline, \$0.00 is not in accordance with the fee guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(c) reimbursement in the amount of \$43.00 is recommended.
- CPT Code 97035 for dates of service May 30, 2002 and May 31, 2002 denied as “F – Payment is reduced from the billed amount in accordance with TWCC Fee Guideline’s maximum allowable reimbursement, including generic the brand name price because its lower”. Respondent denied according to the Fee Guideline, \$0.00 is not in accordance with the fee guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) submitted relevant information supports the delivery of service. Reimbursement in the amount of \$44.00 (\$22.00 x 2) is recommended.

- CPT Code 97014 for dates of service May 30, 2002 and May 31, 2002 denied as “F – Payment is reduced from the billed amount in accordance with TWCC Fee Guideline’s maximum allowable reimbursement, including generic the brand name price because its lower”. Respondent denied according to the Fee Guideline, \$0.00 is not in accordance with the fee guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) submitted relevant information supports the delivery of service. Reimbursement in the amount of \$30.00 (\$15.00 x 2) is recommended.
- HCPCS Code E0745 for date of service May 30, 2002 denied as “N – Payment is reduced/denied because medical rationale for the purchase was not submitted. Rental of unit was not done to see if unit would be beneficial to the patient.” Per the 1996 Medical Fee Guideline, DME Ground Rule (II) the carrier shall reimburse for the purchase or rental of DME and supplies provided that all such items are approved by the injured worker’s doctor. The requestor did not submit a prescription from the treating doctor to support the issuance of the neuromuscular stimulator; therefore, reimbursement is not recommended.

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 99213-MP, 97010, 97035, 97014, and 97250 in the amount of \$331.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$331.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 20th day of April 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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